

**City of Willows, California**  
**Quarterly Transient Occupancy Tax Return**  
**(Tax Return Must be Remitted with Payment)**

Business Name \_\_\_\_\_ Number of Rooms \_\_\_\_\_  
Address \_\_\_\_\_  
Reporting Period From \_\_\_\_\_ to \_\_\_\_\_  
Due Date: **Last Day of the Month Following the close of Each Calendar Quarter**

- |           |   |          |
|-----------|---|----------|
| <b>1.</b> | Total Receipts from Room Rentals  | \$ _____ |
| <b>2.</b> | Less: Occupancy Tax Receipts included \$ _____<br>in Line 1   |          |
| <b>3.</b> | Less: Rooms occupied more than 30 days \$ _____   |          |
| <b>4.</b> | Taxable Receipts (Line 1 minus Lines 2 and 3)   | \$ _____ |
| <b>5.</b> | Tax - 12% of Line 4   | \$ _____ |
| <b>6.</b> | Penalty for Late Payment- Payment becomes delinquent<br>on the first day of the second month following the close<br>of the reporting period |          |
|           | <b>a. 10% Penalty if 30 to 60 days delinquent</b>   | \$ _____ |
|           | <b>b. Additional 10% after 60 days delinquent</b>   | \$ _____ |
| <b>7.</b> | Total Tax and Penalty (Line 5 plus Line 6a plus 6b)   | \$ _____ |

**I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS HEREIN ARE TRUE AND CORRECT.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_

**Make checks or money orders payable to the City of Willows and mail to:  
City Treasurer, 201 North Lassen St., Willows, CA 95988**

**Due Dates: (Jan, Feb, Mar) (Apr, May, Jun) (Jul, Aug, Sept) (Oct, Nov, Dec)**  
**April 30      July 31      October 31      January 31**